1. DECLARATIONS OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. DELEGATIONS

3.1. Cathy Hecimovich, CEO, Central West Community Care Access Centre (CCAC) & Caroline Brereton, CEO, Mississauga Halton CCAC, Providing an Overview of the Challenges and Opportunities Facing the Home and Community Care Sector

3.2. Sue Ritchie, Manager Strategic Partnerships and System Management and Christine Pacini, Partner, SHS Consulting, Regarding Supportive Housing Demand and Supply Analysis and Action Plan (See also Reports – Item 4.3)

4. REPORTS

4.1. The Patients First Act: New Legislation that Enacts Health System Reform – A Region of Peel Perspective (For information)
4.2. Overview of Community Care and Housing Services in Peel – A Region of Peel Perspective (For information)

4.3. Supportive Housing Demand and Supply Analysis and Action Plan (For information) (See also Delegations – Item 3.2)

4.4. Seniors Health and Wellness Village at Peel Manor Project Update
Presentation by Stella Danos-Papaconstantinou, Director, Seniors Services Development

4.5. Community Support Services Funding

5. COMMUNICATIONS

6. IN CAMERA MATTERS

7. OTHER BUSINESS

8. NEXT MEETING

Thursday, April 20, 2017, 9:30 a.m. – 11:00 a.m.
Regional Council Chamber, 5th Floor
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A
Brampton, Ontario

9. ADJOURNMENT
REQUEST FOR DELEGATION

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582    Fax: 905-791-1693
E-mail: council@peelregion.ca

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD
2017/01/19

MEETING NAME
HSIC

REQUEST DATE YYYY/MM/DD
2016/12/13

NAME OF INDIVIDUAL(S)
Cathy Hecimovich (or designate)

POSITION/TITLE
CEO

E-MAIL

TELEPHONE NUMBER
(905) 796-0040

NAME OF ORGANIZATION
Central West Community Care Access Centre

EXTENSION
2251

FAX NUMBER
(905) 796-5619

NAME OF INDIVIDUAL(S)
Caroline Brereton (or designate)

POSITION/TITLE
CEO

E-MAIL

TELEPHONE NUMBER
(905) 855-9090

NAME OF ORGANIZATION
Mississauga Halton Community Care Access Centre

EXTENSION
7871

FAX NUMBER

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
Overview of Challenges and Opportunities facing the Home and Community Care Sector

caroline.brereton@mh.ccac-ont.ca

cathy.Hecimovich@cw.ccac-ont.ca

I AM SUBMITTING A FORMAL PRESENTATION TO ACCOMPANY MY DELEGATION

YES NO

IF YES, PLEASE ADVISE OF THE FORMAT OF YOUR PRESENTATION (ie POWERPOINT)
PowerPoint

Note:
Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk's Division at least seven (7) business days prior to the meeting date so that it can be included with the agenda package. In accordance with Procedure By-law 100-2012, as amended, delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).

Once the above information is received in the Clerk's Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda. Thank you.

Notice with Respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)
Personal information contained on this form is authorized under Section IV-4 of the Region of Peel Procedure By-law 100-2012 as amended, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Regional Council or a Committee of Council. The Delegation Request Form will be published in its entirety with the public agenda. The Procedure By-law is a requirement of Section 238(2) of the Municipal Act, 2001, as amended. Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority. All Regional Council meetings are audio broadcast via the internet and will be video broadcast on the local cable television network where video files will be posted and available for viewing subsequent to those meetings. Questions about collection may be directed to the Manager of Legislative Services, 10 Peel Centre Drive, Suite A, 5th floor, Brampton, ON L6T 4B9, (905) 791-7800 ext. 4462.
## Request for Delegation

### Health System Integration Committee

**REQUEST DATE YYYY/MM/DD**  
2016/12/06

**NAME OF INDIVIDUAL(S)**  
Sue Ritchie

**POSITION/TITLE**  
Manager Strategic Partnerships and System Management

**E-MAIL**  
Sue.Ritchie@peelregion.ca

**TELEPHONE NUMBER**  
(905) 791-7800

**EXTENSION**  
8605

**NAME OF ORGANIZATION**  
Region of Peel

**NAME OF INDIVIDUAL(S)**  
Christine Pacini

**POSITION/TITLE**  
Partner

**E-MAIL**  
Christine.Pacini@shsconsult.ca

**TELEPHONE NUMBER**  
(905) 763-7555

**EXTENSION**  
106

**FAX NUMBER**  
(905) 763-7558

**NAME OF ORGANIZATION**  
SHS Consulting

### Reason(s) for Delegation Request (Subject Matter to be Discussed)

Supportive Housing Demand and Supply Analysis and Action Plan

---

**I am submitting a formal presentation to accompany my delegation**  

**If yes, please advise of the format of your presentation (ie PowerPoint)**  

<table>
<thead>
<tr>
<th>YES</th>
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**Powerpoint**

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Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk’s Division at least seven (7) business days prior to the meeting date so that it can be included with the agenda package. In accordance with Procedure By-law 100-2012, as amended, delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).

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---

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Supportive Housing Demand and Supply Analysis and Action Plan

Region of Peel

Presentation to Region of Peel Health System Integration Committee

January 19, 2016
Goal of the Study

To prepare a demand and supply analysis of supportive housing in the Region of Peel, as well as an action plan for addressing identified needs and gaps, to support the objectives of the Peel Housing and Homelessness Plan.
The study’s Advisory Committee collaboratively developed a definition of **supportive housing** for the Region of Peel Supportive Housing Action Plan, as:

Affordable and accessible residential accommodation within an environment that provides individual based supports and services to persons who require them to live independently.

Individual based supports and services can include assistance with activities of daily living, assistance with medical care, and other community based supports.
Supportive Housing
a focus on permanent housing

The purpose of the Action Plan is to focus on long-term/permanent housing that provides supports.

Therefore, shelters, emergency housing, and transitional housing are not included in this definition of supportive housing, nor are they within the scope of this study.
A Complex System

The supportive housing system is a complex system of funders, agencies, housing providers, and service providers.

Our challenge is to work collaboratively within the system while furthering our own mandates for the specific stakeholders and population groups we serve.

Key population groups were identified. Consultation and workshop exercises were centered around uncovering the individualized needs of persons that associate with these groups.
Our Approach

demand and supply analysis

We created **snapshot profiles** for each population group requiring supportive housing in the Region of Peel, showing supportive housing supply and demand.

Given the variety of data sources and the number of agencies consulted, current data was not available in all instances.

Detailed Agency Profiles can be found in Appendix 1.

---

**For example:**

**Physical Disabilities**

**Overview**

- There are approximately 94 persons on the wait list for supportive housing for persons with physical disabilities and wait times are reported to be up to 10 years.

**Supply**

- The supply of supportive housing for persons with physical disabilities provided by community agencies (AbleLiving, March of Dimes, and Peel Cheshire Homes) is: 82 units (as of 2015).
- The supply of supportive housing for persons with physical disabilities within the social housing portfolio in Peel is: 208 units in 24 buildings (as of 2015).

**Agencies**

The agencies providing dedicated or mandated supportive housing for persons with physical disabilities are:

- AbleLiving Services Inc.
- Ontario March of Dimes
- Peel Cheshire Homes Inc.
- PAARC
- Schizophrenia Society of Ontario
- The Metis Nation of Ontario
- The Open Door
- Trillium Health Partners
- Vita Centre
The Need and Issues

There is a tremendous need for more supportive housing in the Region of Peel.

The issues facing people requiring supportive housing fall into three main themes:

Supply-Demand Gap
The Need and Issues

supply-demand gap

- **Wait times** for supportive housing are long and expected to grow.

- The long wait times for supportive housing in the Region of Peel can lead to crises, worsened health, and more difficulties securing housing.

- There is a need for a **range of supportive housing choices** for different needs throughout a person’s lifecycle.

- There is a **lack of funding** available for both the development and operation of supportive housing.
The Need and Issues

Accessing supportive housing is often a difficult process and fragmented (waiting lists)

Transitions from one type of housing to another are often disjointed.

Families and informal caregivers lack support.
The Need and Issues

System integration

- Social housing providers struggle to meet the needs of both vulnerable tenants and others when supports are not in place.

- Persons requiring supportive housing and agencies operating within the supportive housing system struggle to navigate the system’s complexity.

- There is a need to strengthen support networks and advocacy groups for persons requiring supportive housing.

- NIMBY-ism towards supportive housing developments can act as a barrier to development of new units and creating complete communities.
To further the Peel Housing and Homelessness Plan’s Goal of ensuring that everyone has a home and homelessness is eliminated by addressing the identified needs and gaps in the supportive housing system, especially those pertaining to supply-demand gap, access experience, and system integration.
The study reflects the six principles of Peel’s Housing and Homelessness Plan, and incorporates three additional guiding principles.
Objectives and Outcomes

1. Available and accessible quality housing that meets people’s needs and preferences throughout their lives
   - 1.1. There is no wait list for persons requiring supportive housing.
   - 1.2. Persons requiring supportive housing and their caregivers are supported throughout their journey.

2. An environment that helps people secure and maintain housing at very stage of life
   - 2.1. Supportive housing options are individualized and adaptable to meet people’s changing needs while maintaining housing.
   - 2.2. Communities are inclusive: people requiring supportive housing are part of the community, where natural support systems thrive.

3. An integrated system that supports people’s housing needs efficiently and effectively
   - 3.1. The system of housing and supports is seamless and is easy to navigate for persons requiring supportive housing.
   - 3.2. There is a shared voice for enhanced supportive housing in Peel.
Key Stakeholder Engagement

• Creation of a Peel Supportive Housing Roundtable of funders and system managers:
  Central West LHIN – Suzanne Robinson
  Mississauga Halton LHIN - Ed Castro
  Ministry of Housing – Ian Russell
  Ministry of Community and Social Services – Michelina Longo
  Ministry of Health and Long Term Care – Susan Poch
  Region of Peel (Peel Health & Human Services) Stella Danos-Papaconstantinou & Sue Ritchie

• Commitment to action

• Commitment to align planning to best meet the needs of the community

• Alignment of operational and capital funding
Next Steps
the action plan

✓ Creation of the Supportive Housing Roundtable of funders and system managers – Central West and Mississauga Halton LHIN’s, Ministry of Housing, Ministry of Community and Social Services, Region of Peel (Peel Health & Human Services)

☐ Confirm commitment of all funders and system manager roles to the Action Plan (HSIC January 2017)

☐ Creation of an implementation strategy for the Action Plan including stakeholder engagement, roles and responsibilities and timelines – Q1 2017

☐ Communication strategy – Q1 2017

☐ Update to Regional Council and Health Services Integration Committee – Q2 2017
DATE: January 10, 2017

REPORT TITLE: **THE PATIENTS FIRST ACT: NEW LEGISLATION THAT ENACTS HEALTH SYSTEM REFORM – A REGION OF PEEL PERSPECTIVE**

FROM: Nancy Polsinelli, Commissioner of Health Services
Eileen de Villa, MD MBA MHSc CCFP FRCPC, Medical Officer of Health

**OBJECTIVE**

To provide an overview of the recently passed *Patients First Act*, including the changes it will have on local health system planning and service delivery, and the impacts on Regional programs and services.

**REPORT HIGHLIGHTS**

- On December 8, 2016 Ontario passed the *Patients First Act* which enacted a number of structural and functional health system reforms.
- The primary change outlined in the Act is the expanded role of the Local Health Integration Networks (LHINs) in health system planning, management and service delivery.
- The *Patients First Act* will have implications for Regional programs and services, most notably in relation to more formalized linkages between the LHINs and Public Health.
- Through advocacy and ongoing relationship-building with the LHINs, staff will continue to ensure that Peel’s growing population and changing health needs are considered by the Ministry and the LHINs as they move forward with implementing the structural and functional reforms enacted by the *Patients First Act*.

**DISCUSSION**

1. Background

The Ministry of Health and Long-Term Care (Ministry) provides strategic direction and leadership for Ontario’s publicly-funded health system, including resource allocation and planning for all publicly-funded health services in Ontario. Over the past several years, the Ministry has set policy directions to improve coordination and accessibility of health services and ensure that services align with the changing needs of patients. The overarching objective has been to ensure that people receive the “right care, at the right time, in the right place”.

On December 17, 2015, “Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario” (Discussion Paper) was released. The Discussion Paper acknowledged that despite progress, the health system remains disjointed and difficult to navigate for patients trying to access health care services. To address these system challenges, the Discussion Paper proposed a number of changes to the health system related to health...
planning, funding and delivery; most notably a proposal to expand the role of the Local Health Integration Networks (LHINs). A report to the Health System Integration Committee, dated February 4, 2016 and titled “Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario- Region of Peel Response” outlined the Region of Peel’s Council-endorsed response to the Province’s Discussion paper. A summary of the advocacy positions included in this response, along with status updates, is provided in Appendix I.

Over the past number of months, the Patients First Act has made its way through the legislative process, including consideration by the Standing Committee on the Legislative Assembly. On December 8, 2016, the Patients First Act was enacted into law.

2. Findings

a) Overview of the Patients First Act

The Patients First Act enacts a number of functional and structural changes to Ontario’s health system. A visual depiction of the current system and forthcoming structural changes from a Region of Peel perspective is provided in Appendix II.

The most significant change under the Act is the expansion of the role of the Local Health Integration Networks (LHINs) in health system planning, management and service delivery. Key changes to the LHIN role are outlined below:

- **Stronger Links to Public Health:** Formal linkages between LHINs and Public Health to ensure a population health approach in local planning and service delivery across the health care continuum.

- **Responsibility for Home and Community Care:** Service management and delivery of home and community care is being transferred from Community Care Access Centres (CCACs) to the LHINs to enable more consistent and accessible care. This will include wait list management for Long Term Care and Community Support Services. The 14 CCACs across the province will be dissolved and rolled under their corresponding LHIN.

- **Sub-region Planning:** LHINs are required to establish sub-regions and complete integrated health service planning at the sub-region level, working with local system partners in order to enhance system integration and equitable service delivery.

- **Enhanced Role in Primary Care Planning:** LHIN mandates include a new role to work with physicians to improve primary care planning and performance management to ensure timely access to, and better integration of, primary care with the rest of the health system.

- **Promoting Health Equity:** LHIN mandates include a new role in promoting health equity, reducing health disparities and respecting the diversity of communities.

- **Increased Oversight of Health Service Providers:** LHINs have new powers to issue operational and policy directives to health service providers and initiate investigations regarding quality of management or care as required. Long term care homes, paramedic services, and boards of health are not impacted by these new powers.

The Act also provides the Health Minister and Cabinet with new powers to operationalize the proposed legislation (e.g. power to dissolve CCACs). In the past, the Region has advocated to align Local Health Integration Network boundaries with municipal
THE PATIENTS FIRST ACT: NEW LEGISLATION THAT ENACTS HEALTH SYSTEM REFORM – A REGION OF PEEl PERSPECTIVE

boundaries, as Peel is served by two LHINs (Central West and Mississauga Halton). While the Patients First Act does include a provision that allows the Minister to change the geographic boundary of one or more LHIN, there have been no indications from the Province that such changes will be made.

b) Implementation of the Patients First Act

Now that the Patients First Act has passed, the Ministry of Health and Long-Term Care and Local Health Integration Networks (LHINs) are moving forward with implementation. This includes an initial focus on structural changes, primarily the transfer of CCAC services and staff to the LHINs. Readiness assessments are being conducted at each LHIN to inform a staged transition that will occur over the spring and summer of 2017. A timeline that outlines the key milestones for structural transformation is provided as Appendix III. Other key changes in the Act, such as integration of the population health approach into planning and services are seen as a collaborative process that will occur over a longer time period.

To support successful implementation of the Patients First Act, the Ministry and the LHINs have identified 16 work streams that address priority areas of implementation planning. Staff will be following the efforts of these work streams throughout implementation.

c) Implications for the Region of Peel

The Patients First Act includes a number of structural and functional changes to the health system that will impact programs and services delivered by the Region of Peel. Under the Act, LHINs are now mandated to focus on health promotion, health equity and the social determinants of health. This will provide greater opportunity to leverage the existing structure of Regional Council’s Health System Integration Committee and strong relationships with the two LHINs that serve Peel (Central West and Mississauga Halton) to integrate knowledge of health promotion and local population health priorities in health service planning, and ensure Regional services related to the social determinants of health (e.g. housing) are integrated within broader health system planning.

From a Regional Health Services perspective, the Act will have implications for Peel Public Health, with some additional impacts for Seniors Services. An overview of these impacts is outlined below. However, it is also important to note that, despite the changes under the Act, Peel’s Long Term Care homes will remain subject to Ministry standards and oversight. Further, there is no mention of Paramedic Services in the Act and there were no changes made to the Ambulance Act.

i. Implications for Peel Public Health

The Patients First Act mandates formalized linkages between public health and LHINs; specifically between Medical Officers of Health and LHIN CEOs. The Act also adds health promotion, health equity and the social determinants of health to the objectives of the LHINs. These formalized linkages and expanded responsibilities of the LHINs are intended to ensure public health involvement in health system planning. The intent is to apply a population health approach to health system planning using prevention of illness, protection of health and health equity principles in order to improve population health outcomes. As the Act is implemented, key
aspects related to capacity and proper resources to effectively support these changes to health system planning need to be considered.

The Act does not include any changes to public health funding and accountability agreements with the Ministry of Health and Long-Term Care. Regional Council, as the local Board of Health, will retain their powers to set local public health priorities.

ii. Implications for Regional Seniors Services

Once the Act is fully implemented, the LHIN will assume the functions of the former Community Care Access Centres (CCACs), which include service coordination, wait list management (for both home and community care and long term care) and patient assessment for home and community care services. This means that the Region's Adult Day Services Program will interact directly with the LHINs as a service delivery partner, in addition to their existing service accountability and funding role. The new powers given to LHINs to provide oversight to health system providers (e.g. operational directives or investigations) will apply to the Region’s Adult Day Services and respite bed at the Davis Centre.

Given that LHINs will be required to work with health system partners to plan at the sub-region level, this also presents an opportunity for the Region to work with the LHINs to influence planning and ensure equitable access to services for older adults and their caregivers in Peel.

3. Continued Monitoring and Advocacy

Staff will continue to actively monitor the implementation of the Act and will be identifying opportunities to participate in the implementation process to ensure that the Region’s perspectives and interests are included in strategic decision-making. This will be particularly important for discussions related to the evolving relationship between public health and LHINs, and for continuing to advance the Region’s advocacy positions.

A number of the Region’s advocacy positions submitted during the Ministry consultations were not addressed by the Act, and remain Regional and Departmental priorities. As noted earlier, a full list of advocacy positions submitted to the Province and their status is included as Appendix I. The following existing and new positions related to health system transformation have been prioritized through the Government Relations Committee or at the Departmental level and are the focus of ongoing advocacy work at the staff level:

- Provincial dispatch system reform*
- Equitable funding for the home and community care sector
- Mental health system integration*
- Equitable funding for mental health and addictions services*
- LHIN Boundaries (currently monitoring for future action)

*Positions identified as Regional advocacy priorities by the Government Relations Committee on November 10, 2016.
With the support of Regional Council and guidance from the Health System Integration Committee, staff will continue to ensure that Peel’s growing population and changing health needs (including disease prevention, treatment of illness and addressing social determinants of health) are considered by the Ministry and the Local Health Integration Networks as they move forward with implementing the structural and functional reforms enacted by the Patients First Act.

CONCLUSION

Regional staff will continue to monitor implementation of the Patients First Act, and identify relevant implications for Regional programs and services, as well as opportunities to provide input into health system planning and advocate for Regional and Departmental priorities.

Nancy Polsinelli, Commissioner of Health Services

Eileen de Villa, MD MBA MHSc CCFP FRCPC, Medical Officer of Health

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

Appendix I: Council-Endorsed Advocacy Positions related to the Patients First Discussion Paper
Appendix II: Structural Health System Changes enacted by the Patients First Act - A Region of Peel Perspective
Appendix III: Key Milestones in the Structural Transformation of Ontario’s Health System

For further information regarding this report, please contact Dawn Langtry, Director, Strategic Policy, Planning and Initiatives.

Authored By: Nicole Britten, Liz Estey
**APPENDIX I – Council-Endorsed Advocacy Positions related to the Patients First Discussion Paper**

In February 2016, Peel Regional Council endorsed the report of the Commissioner of Health Services and Medical Officer of Health, titled “Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario- Region of Peel Response”, which recommended a response to the Ministry of Health and Long-Term Care’s Patient’s First Discussion Paper. The seven advocacy positions included in this report and their current status are outlined in the table below.

<table>
<thead>
<tr>
<th>Advocacy Position</th>
<th>Status</th>
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<tr>
<td><strong>LHIN Boundaries</strong></td>
<td>• Currently being monitored for future action.</td>
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<tr>
<td>The Ministry of Health and Long-Term Care should align the Local Health Integration Network (LHIN) boundaries with municipal boundaries, recognizing that further integration, administrative efficiency and benefits would result in terms of linkages to programs and services that influence the social determinants of health.</td>
<td>• Clause in <em>Patients First Act</em> that designates powers to Cabinet to change boundaries.</td>
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<td>• Ministry appears to be approaching the integration of services and building linkages through mandating collaborative planning at the sub-LHIN level.</td>
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<td><strong>Role of Paramedics in the Health System</strong></td>
<td>• Currently being monitored for future action.</td>
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<td>The Ministry should include planning for Paramedic Services as part of overall health system planning and delivery.</td>
<td>• The role of paramedics is not addressed in the <em>Patients First Act</em> and the Act does not include any amendments to the <em>Ambulance Act</em>. However, the Ministry is prioritizing enhancements to emergency services in Ontario through its overall health system planning, which is in alignment with the goals and objectives of the <em>Patients First Act</em>.</td>
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<td><strong>Provincial Dispatch Reform</strong></td>
<td>• Currently an active advocacy position that has been prioritized by the Government Relations Committee as a Regional priority (November 10, 2016).</td>
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<tr>
<td>The Ministry should expedite the improvements related to the ambulance dispatch system by implementing Medical Priority Dispatch System across the province. The Mississauga Dispatch Centre, given the call volumes, should be a priority for implementation.</td>
<td>• Dispatch reform was a key position raised with the Ministry at the 2016 AMO Conference</td>
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<td>• Was also raised as a priority through the government’s recent consultation on Expanding Medical Services to Fire Services.</td>
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Appointing Peel’s MOH to the Expert Panel
Peel Public Health’s Medical Officer of Health should be appointed to the proposed Expert Panel to advise on opportunities to support implementation and partnerships between the LHINs and Public Health Units, and in particular, areas that involve governance, funding and jurisdictional realities.

- Currently being monitored.
- Membership to the Expert Panel was by invitation only.
- The Ministry has not yet announced the membership or scope of the Expert Panel. However, the Auditor General’s report, which was released on December 1, 2016 indicated that the Mandate of the Expert Panel would be: "providing advice on structural, organizational and governance changes to public health."

Funding inequities in Home and Community Care Sector
The Ministry should ensure that historical inequities in funding for home and community care services are addressed using a provincial resource allocation strategy that recognizes the needs of high growth communities, increased capacity needs of the home and community sector, and supports caregivers.

- Currently an active position that has been prioritized by the Health Services Department.
- Since consultations, discussions of the Health System Integration Committee identified Mental Health and Addictions Funding as a priority.
- Mental Health and Addictions Funding has been prioritized by the Government Relations Committee as a Regional priority (November 10, 2016).
- Under the Act, funding for home and community care and mental health services remain LHIN responsibilities. Opportunities for additional advocacy may arise through the implementation process.

Integration of Home and Community Care Services
The Ministry should ensure the integration of all services, including supports for daily living, are included as part of their implementation of new structures designed to help citizens remain in their homes and communities.

- Currently being monitored for future action.
- Under the Act, delivery and management of home and community care is transferred from the Community Care Access Centres (CCACs) to the LHINs. Opportunities for additional advocacy may arise through the implementation process.
### Mental Health System Integration
The Ministry should consider engaging the Ministry of Children and Youth Services to determine how integration for children and youth mental health and addiction services can be achieved, as part of the expanded LHINs’ mandate, in order to achieve better alignment of services as intended through the overall objectives of the province’s “Open Minds, Healthy Minds” Ontario’s Comprehensive Mental Health and Addictions Strategy (2011-2021).

- Currently an active advocacy position that has been prioritized by the Government Relations Committee as a Regional priority (November 10, 2016).
- Under the Act, funding and delivery of adult mental health services remain a responsibility of the LHINs.
- Integration of services is a key focus of the *Patients First Act*. Opportunities for additional advocacy may arise through the implementation process.
PATIENTS FIRST ACT: NEW LEGISLATION THAT ENACTS HEALTH SYSTEM REFORM – A REGION OF PEEL PERSPECTIVE

APPENDIX II – Structural Health System Changes enacted by Patients First Act – A Region of Peel Perspective

ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE
Provide health system stewardship and overall strategic direction. Develop and administer province-wide policy, planning and funding frameworks for health system.

LOCAL HEALTH INTEGRATION NETWORKS (14)
Plan, coordinate and integrate the local health system. Responsible for home and community care services, primary care planning and promoting health equity.
- Central West LHIN (Brampton, Caledon, Malton)
- Mississauga Halton LHIN (Mississauga)

HOSPITALS
- Trillium Health Partners – Mississauga and Credit Valley Sites (MH LHIN)
- William Osler Health System - Brampton Civic Site (OW LHIN)
- Headwaters Health Care Centre (CW LHIN)

COMMUNITY HEALTH CENTRES
- Bramalea CHC Malton Satellite
- East Mississauga Satellite (part of Lakeshore Area Multiservice Project (LAMP) CHC)

MENTAL HEALTH AND ADDICTIONS PROGRAMS (Adults)
- Cdn Red Cross
- Meals on Wheels
- Caledon Community Services
- Peel Senior Link
- Others

COMMUNITY SUPPORT SERVICES
- Peel Assessment and Referral Centre

COMMUNITY CARE ACCESS CENTRES
- Central West CCAC
- Mississauga Halton CCAC

LONG-TERM CARE BEDS
- 4100 beds
- 26 homes

REGION OF PEEL
- 5 Adult Day Programs
- Respite Care

ONTARIO MINISTRY OF CHILDREN AND YOUTH SERVICES
Develop and administer policy and programs related to children and youth 0-18 years, including healthy child development and children and youth at risk

PUBLIC HEALTH UNITS
Peel Regional Council is the Board of Health

PARAMEDIC SERVICES
Region of Peel operates land ambulance services in Peel

CHILD AND YOUTH MENTAL HEALTH PROGRAMS
- Community service agencies
- Hospital-based outpatient programs

LEGEND
- Red line and text denotes governance change under the Act
- CCACs will be dissolved, rolled under the LHINs
- Region of Peel programs and services

INDEPENDENT HEALTH FACILITIES
- Diagnostic Facilities (diagnostic imaging, pulmonary function or sleep study tests)
- Ambulatory Care Facilities (dialysis, surgical procedures, MRI/CT and PET/CT scans)

PRIMARY CARE
- Family physicians
- Group practices (Family Health Teams)
- Other care teams delivering primary care services
- Physiotherapy in a clinic setting

OTHER HEALTH SERVICE PROVIDERS
- Hospice/Palliative Care
- Non-profit health services (e.g. Not for profit Family Health Teams)
- Primary care nursing, inter-professional services

FUNDING & OVERSIGHT
- Planning & Monitoring
- Service Accountability Agreements & Funding

FUNDING THROUGH CAPITATION (BASE) & FEE-FOR-SERVICE FORMULAS

FUNDING & OVERSIGHT (COST-SHARED OPERATING 50%)

FUNDING & OVERSIGHT (COST-SHARED 75% MINISTRY, 25% REGION)

FUNDING & OVERSIGHT (COST-SHARED 75% MINISTRY, 25% REGION)

PROVINCIAL AGENCIES
- Public Health Ontario
- Cancer Care Ontario
- eHealth Ontario
- Health Quality Ontario
- ConnexOntario

FORMAL LINKAGES BETWEEN LHINS & PUBLIC HEALTH

INDEPENDENT HEALTH FACILITIES

REGION OF PEEL

ONTARIO MINISTRY OF CHILDREN AND YOUTH SERVICES

PUBLIC HEALTH UNITS

PARAMEDIC SERVICES

CHILD AND YOUTH MENTAL HEALTH PROGRAMS

COMMUNITY SUPPORT SERVICES

COMMUNITY CARE ACCESS CENTRES

LONG-TERM CARE BEDS

REGION OF PEEL

LEGEND

Red line and text denotes governance change under the Act
CCACs will be dissolved, rolled under the LHINs
Region of Peel programs and services
APPENDIX III – Key Milestones in the Structural Transformation of Ontario’s Health System

Source: The Patients First Act Backgrounder, December 2016
DATE: January 9, 2017

REPORT TITLE: OVERVIEW OF COMMUNITY CARE AND HOUSING SERVICES IN PEEL – A REGION OF PEEL PERSPECTIVE

FROM: Nancy Polsinelli, Commissioner of Health Services

OBJECTIVE

To provide an overview of community care and housing services in Peel.

REPORT HIGHLIGHTS

- Discussions at previous meetings of the Health System Integration Committee have highlighted some of the challenges facing community care and housing services in Peel, including capacity, coordination, and navigation issues.
- The Region of Peel is advocating on behalf of the Peel community, and to facilitate innovative and collaborative partnerships to address local challenges.

DISCUSSION

1. Background

There is a strong link between an individual’s health and housing needs. For example, secure housing and a supportive living environment has been associated with positive health outcomes. Conversely, poor health and a lack of access to appropriate health services and supports can impede one’s ability to secure and retain housing. Discussions at previous meetings of the Health System Integration Committee have highlighted some of the challenges facing both community-based health services and housing services, as they try to respond to the growing needs of the Peel community. These discussions have also highlighted the importance of addressing these challenges through advocacy and partnership to ensure that a Peel perspective is included in provincial planning and funding decisions and that we work collaboratively to enable change at the local level.

2. Findings

As outlined in Appendix I, community care and housing services can be depicted across a continuum. Housing options are provided through a mix of rental and ownership models, including those funded through private, non-profit and public sources. Access to a specific housing option is largely dependent on an individual’s ability to pay. Community care services are provided by a range of public, private and non-profit operators and in a variety of settings (e.g. in their own homes or in institutions, such as hospitals and long term care homes). Access to different community care services is largely determined by the acuity of an individual’s needs.
a. Community Capacity Issues

The community care and housing services continuum does not reflect the capacity and associated challenges of each component. Long wait lists and wait times for subsidized housing and personal support worker services in Peel are examples of capacity challenges that have been reported to Regional Council and discussed at Health System Integration meetings in the past.

Historical underfunding is at the root of capacity issues in Peel. For example, the Auditor General (2015) highlighted disparities in home care funding across the province, with funding for Peel being the lowest in Ontario. Home care funding in Peel averages $3,075 per client, while the provincial average is $3,532 per client. Most recently, the Auditor General (2016) noted disparities in the distribution of mental health housing units, with the Local Health Integration Networks serving Peel receiving among the lowest number of units per capita. Further, underfunding has created a social housing deficit in Peel, such that building enough new social housing units to alleviate the centralized waitlist would cost approximately $2.4 billion in one-time capital funding or $93 million in annual operating subsidies.

Given the relationship between one’s housing and care needs and their intersection across a continuum, it is not surprising that pressures in one area can have implications on other services. For example, Ontario’s Ombudsman (2016) recently reported that a lack of community-based care and housing (such as supportive housing) has led to individuals being inappropriately placed in institutions such as long term care homes, hospitals, or incarcerated. Further, individuals requiring both housing and care supports are often challenged to access and navigate appropriate services, with limited or no coordination between the various service providers. As discussed at recent Health System Integration Committee meetings, people with mental illness or addictions issues are often faced with this challenge and, as a result, end up relying more heavily on emergency housing (e.g. shelters) and hospital emergency departments. Not only are these services expensive, but they are also not appropriate long-term solutions for the individuals seeking support.

b. Government Direction

The good news is that all levels of governments are recognizing the need to integrate planning and service delivery for the housing and community care sectors. For instance, federal and provincial levels of government are introducing new policy frameworks that require inter-ministerial collaboration and cross-sectoral thinking (e.g. National Housing Strategy; Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addiction Strategy), as well as commitments to a ‘housing first’ approach to addressing homelessness. In her presentation at the October 20, 2016 meeting of the Health System Integration Committee, Sharon Lee Smith (Associate Deputy Minister in the Ministry of Health and Long-Term Care) spoke about the Ministry’s recognition of housing as a key determinant of health, their plans to continue to invest in supportive housing and their commitment to working with municipal governments to address the health and housing needs of their populations.
3. Region of Peel Role

With Council’s support and leadership, the Region of Peel has been an active and vocal advocate on issues facing community care and housing services in Peel. This advocacy, in collaboration with community partners, provides a unified voice for Peel that is essential to ensuring that Peel’s population is considered and adequately reflected in decisions related to funding allocation, service planning and system integration by other levels of government. Relevant advocacy positions prioritized by the Government Relations Committee include:

- Long-Term Funding for Affordable Housing
- Healthy and Age-Friendly Communities
- Mental Health System Integration
- Mental Health and Addictions Funding

Other Council-endorsed positions – such as funding for the Peel Manor redevelopment, home and community care underfunding, rental housing investment – continue to be advanced by staff.

In addition to advocacy, the Region of Peel continues to be an active community partner in helping to address capacity and coordination issues for community care and housing services. Some examples of innovative partnerships include:

- The redevelopment of Peel Manor into a Seniors Health and Wellness Village with key community partners (e.g. City of Brampton, Central West Local Health Integration Network) to address the growing needs of the seniors population in Peel. See report, titled “Peel Manor Senior Health and Wellness Village” on the same agenda as this report.
- Ongoing collaboration with the local municipalities to implement planning initiatives that are helping to build healthy, complete communities in Peel.
- Collaborations between Regional Councillors, Local Health Integration Network CEOs, Community Care Access Centre CEOs and Hospital CEOs at Health System Integration Committee meetings to consider shared challenges, identify common priorities and determine opportunities for collective action.

Finally, through its Housing Policy Statement, the Province mandates housing service managers to collaborate with Local Health Integration Networks (LHINs), to integrate planning and coordinate services, where possible. Peel’s Housing and Homelessness Plan (2014-2024) outlines a broad commitment to work more closely with the Local Health Integration Networks serving Peel to “help people secure and maintain housing at every stage of life” and achieve the goal of ending homelessness.
CONCLUSION

The Region of Peel has a strong interest in improving community care and housing services for a variety of population groups in Peel and is well-positioned to continue its advocacy and collaborative work in these areas.

Nancy Polsinelli, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

Appendix I - Continuum of Community Care and Housing Services – A Region of Peel Perspective

For further information regarding this report, please contact Dawn Langtry, Director, Strategic Policy, Planning and Initiatives.

Authored By: Liz Estey, Jessica Kwik and Cullen Perry.
Appendix I – Overview of Community Care and Housing Services in Peel – A Region of Peel Perspective

**EMERGENCY & TRANSITIONAL HOUSING**
Shelters & transitional housing beds, domiciliary beds, and related outreach services.
- **Funding:** ROP, Federal and Provincial governments.
- **Resident Profile:** Homeless and transient youth, adults, and families.
- **Services provided:** Emergency, short and long term lodging. Outreach and social supports.

**HOME IN THE COMMUNITY**
Personal home, apartment, condo, or family dwelling.
- **Funding:** Private.
- **Resident profile:** Able to live independently at home or with the support of family members and community organizations.
- **Services provided:** No organized care or oversight. Some renovation subsidies available for accessibility, health and safety (e.g., Peel Renovates).

**SUBSIDIZED HOUSING**
Market value or subsidized rent in social housing buildings or rent supplements with private landlords.
- **Funding:** Primarily ROP, with Federal and Provincial governments.
- **Resident profile:** Able to live independently with monetary support.
- **Services provided:** No organized care or oversight by virtue of housing arrangement.

**SUPPORTIVE HOUSING**
Designated units in social housing buildings, private units/homes in designated "hubs", and group homes.
- **Funding:** ROP, MOHLTC, MCYS and MCSS.
- **Resident profile:** Seniors able to live independently and pay for necessary or desired housing and care.
- **Services provided:** Accommodation and daily living supports such as meals, housekeeping, personal care, etc. Private nursing services available in some buildings.

**RETIRED HOMES**
A residential complex offering market value rental units dedicated to seniors 65yrs+.
- **Funding:** Private.
- **Resident profile:** Seniors able to live independently and pay for necessary or desired housing and care.
- **Services provided:** 24/7 nursing care, supervision. Access to physician and other healthcare providers.

**LONG TERM CARE HOMES**
Residential 24/7 care for adults requiring high levels of support.
- **Funding:** MOHLTC & resident.
- **Resident profile:** Ongoing care required to manage complex illnesses and improve functional ability.
- **Services provided:** 24/7 specialized, multidisciplinary care to improve patient functioning, stabilize condition or manage symptoms and pain.

**CHRONIC CARE**
Rehabilitation, Complex Continuing, and Palliative Care beds in hospitals.
- **Funding:** MOHLTC.
- **Resident profile:** Diagnosed with terminal illness (<3 months).
- **Services provided:** 24/7 nursing care to manage symptoms, treat pain, and preserve quality of life.

**RESIDENTIAL HOSPICE**
A home-like setting where adults and children with life-threatening illnesses receive end-of-life care services.
- **Funding:** MOHLTC.
- **Resident profile:** Occupying a hospital bed but does not require the intensity of resources/services being provided.

**COMMUNITY-BASED HEALTH & SUPPORT SERVICES**

<table>
<thead>
<tr>
<th><strong>Public Health Programs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population-based programs and initiatives that support health promotion and healthy independent living</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Primary Care &amp; Dental Care</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled physician healthcare and treatment. Scheduled dental care by private dentists or government-funded programs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Project Lifesaver Peel</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide peace of mind and emergency response for persons prone to wandering.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Community Support Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide socialization and personal care, services and respite for caregivers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Supports for Independent Living</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled and unscheduled care and support.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CCAC Home Care Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled home care visits up to 180 hours per month, linked to the housing facility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Assisted Living/Supportive Housing Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled and unscheduled care, up to 180 hours per month.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CCAC Unlimited Support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports for adults wait-listed for LTC beds. Maximum can exceed 180 hours per month.</td>
</tr>
</tbody>
</table>

**LEGEND**
- Region of Peel programs play roles (to varying degrees) within each of these sectors.

**SERVICES PROVIDED**
- Services provided as needed
- Services provided based on level of need, not housing arrangement

**Increasing acuity and care needs**
DATE: January 10, 2017

REPORT TITLE: SUPPORTIVE HOUSING DEMAND AND SUPPLY ANALYSIS AND ACTION PLAN

FROM: Janice Sheehy, Commissioner of Human Services

OBJECTIVE

To provide the Health System Integration Committee with updated information on supportive housing initiatives in the Region of Peel.

REPORT HIGHLIGHTS

- Supportive Housing is a key element within the community care and housing services continuum to meet the needs of vulnerable citizens.
- On July 7, 2016 Regional Council received an executive summary of the Supportive Housing Demand and Supply Analysis and Action Plan, accompanied by a staff report.
- Findings in the Supportive Housing Demand and Supply Analysis and Action Plan report demonstrate the immediate need for additional supportive housing units in Peel Region.
- A Supportive Housing Roundtable with key stakeholders has been established to prioritize the action items and draft an implementation strategy.
- In alignment with the Strategic Plan and the Term of Council Priority “Increase Affordable Housing”, the Region of Peel is advocating for additional long-term sustainable capital and operating funding from the provincial and federal governments, for affordable housing.

DISCUSSION

1. Background

Supportive housing is a key component within the housing and community care continuum and critical to meeting the needs of Peel’s most vulnerable citizens.

As System Manager for Housing, Regional Council leads the implementation of Peel’s 10-Year Housing and Homelessness Plan (PHHP) to achieve the goal of “Everyone Has a Home and Homelessness is Eliminated”. Given the strong focus on housing with supports identified in the PHHP, a review of the demand and supply of supportive housing in Peel was undertaken. Due to the limited information regarding the current supportive housing system in Peel and the complexity of funding from various provincial ministries, SHS Consulting was engaged by the Region of Peel to identify the extent of supported services provided by a wide range of agencies, and to address supportive housing needs and gaps through the creation of an action plan.
Key stakeholders were involved throughout the study in several different capacities including an advisory committee, three community stakeholder workshops, key informant interviews, focus groups and surveys. Stakeholders represented various areas of expertise and organizations including: supportive housing, affordable housing, support services and health services, Local Health Integration Networks in Peel, Community Care Access Centres, the Ministry of Housing and the Ministry of Community and Social Services.

Workshop and focus group participants expressed feelings of anxiety, confusion, frustration and vulnerability when trying to navigate the fragmented supportive housing system. As outlined in the report, there were several common concerns identified with respect to the current supportive housing system including: multiple access points; prescriptive access points; and a lack of ease of access. These issues can create significant roadblocks to obtaining supportive housing and highlight the need for greater system integration.

For the purposes of the review, supportive housing was defined as “affordable and accessible residential accommodation within an environment that provides individual-based supports and services to persons who require them to live independently. Individual-based supports and services can include assistance with activities of daily living, assistance with medical care, and other community based supports.”

The following chart depicts where supportive housing falls along the housing continuum:

<table>
<thead>
<tr>
<th>EMERGENCY</th>
<th>RENTAL HOUSING</th>
<th>HOME OWNERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOMELESSNESS</td>
<td>SUPPORTIVE HOUSING</td>
<td>AFFORDABLE HOUSING</td>
</tr>
<tr>
<td>EMERGENCY SHELTER</td>
<td>SOCIAL HOUSING</td>
<td>HOMEOWNER-SHIP</td>
</tr>
<tr>
<td>TRANSITIONAL HOUSING</td>
<td>SUBSIDIZED HOUSING</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AFFORDABLE RENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRIVATE MARKET RENT</td>
<td></td>
</tr>
</tbody>
</table>

Individuals may move within the continuum throughout their lives based on their circumstances; it is important to note that not everyone starts or ends up in the same place.

As part of the review, agencies and housing providers were asked to complete a survey. The survey was voluntary and as such the data collected is not all inclusive, it is however, an indication of the current supply and demand for supportive housing in Peel. This report is a first step to inform further system planning and a foundation from which we can begin working to improve the system. It should be noted that many individuals included in the responses may also be on the Region’s Centralized Wait List for housing.
Overview of Demand and Supply of Supportive Housing by Population Group

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Persons on a Wait List</th>
<th>Current # of Supportive Housing Units</th>
<th>Gaps / Wait Lists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disabilities</td>
<td>99</td>
<td>300</td>
<td>Wait lists are managed by agencies</td>
</tr>
<tr>
<td>Acquired Brain Injury</td>
<td>45</td>
<td>18</td>
<td>Wait list is managed by Peel Halton Dufferin Acquired Brain Injury Services</td>
</tr>
<tr>
<td>Intellectual Disabilities</td>
<td>716</td>
<td>290</td>
<td>Development Services Ontario manages the wait list for supportive housing units for these population groups</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>No specific wait list</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Frail Health (including older adults)</td>
<td>443</td>
<td>736</td>
<td>Wait lists are managed by several agencies</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>1093</td>
<td>252</td>
<td>Supportive Housing in Peel manages the wait list (SHIP)</td>
</tr>
<tr>
<td>Substance Abuse / Addictions</td>
<td>No specific wait list</td>
<td>27</td>
<td>Amalgamated with other population groups creating multiple access points</td>
</tr>
<tr>
<td>Dual Diagnosis, Concurrent Disorders, and Co-Morbidities</td>
<td>No specific wait list</td>
<td>No specific units identified</td>
<td>Amalgamated with other population groups creating multiple access points</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>2396</strong></td>
<td><strong>1645</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: Given the variety of sources and the number of agencies consulted, current and complete data was not available in all instances. It should also be noted that for the majority of the current supply of supportive housing units, turnover rates are very low making wait times lengthy.

a) Peel’s Supportive Housing Demand and Supply Action Plan

The 30 actions listed in the Action Plan fall into three key objectives as identified in the PHHP. The following table depicts a high level summary of the actions:

**Objective 1: Available and accessible quality housing that meets people’s needs and preferences throughout their lives.**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Actions Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. There is no waiting period for someone requiring supportive housing</td>
<td>• Removing barriers&lt;br&gt;• Increasing the supply of supportive housing, and&lt;br&gt;• Targeting funding</td>
</tr>
<tr>
<td>1.2. Persons requiring supportive housing and their caregivers are supported throughout their journey</td>
<td>• Establishing consistent and integrated eligibility criteria, and&lt;br&gt;• Enhancing Systems/networks</td>
</tr>
</tbody>
</table>
Objective 2: An environment that helps people secure and maintain housing at every stage of life.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Actions Support</th>
</tr>
</thead>
</table>
| 2.1 Supportive housing options are individualized and adaptable to meet people's changing needs while maintaining housing | • Creating an inventory of current modified units, and  
• Increasing the supply of affordable modifiable units |
| 2.2 Communities are inclusive: people requiring supportive housing are part of the community, where formal and informal support systems thrive | • Supporting organizations to align their operations to the Plan's guiding principles  
• Diversifying housing options, and  
• Building inclusive communities |

Objective 3 – An integrated system that supports people’s housing needs efficiently and effectively

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Actions Support</th>
</tr>
</thead>
</table>
| 3.1 The system of housing and supports is seamless and is easy to navigate for persons requiring supportive housing | • Consistency at all supportive housing system access points, and  
• Proposing a creation of a pilot project improving system access |
| 3.2 There is a shared voice that enhances supportive housing in Peel Region | • Establishing a Roundtable to monitor and oversee the implementation of the Action Plan  
• Engaging, collaborating and informing key stakeholders |

2. Current Status

a) Region of Peel

Critical to the success of Peel's Supportive Housing action plan is the engagement of all government representatives with funding and policy setting responsibilities for the supportive housing system. Due to the absence of existing networks focused on supportive housing, Regional staff has established a Supportive Housing Roundtable (Roundtable), in collaboration with Peel Health Services, the Local Health Integration Networks, the Ministry of Community and Social Services, the Ministry of Housing and the Ministry of Health and Long-Term Care. The Roundtable will provide strategic leadership on the prioritization of the recommended actions. At the first meeting in November, a terms of reference was established and a high-level plan for the implementation strategy was developed. The implementation strategy will go to Regional Council and Health System Integration Committee as soon as it is finalized.

The Roundtable will work to align capital and operating funding to best meet needs identified in the Supportive Housing Demand and Supply analysis, including the consideration of opportunities at the Peel Manor Seniors Health and Wellness Village Site.

The Housing System Investment Framework (2014-2018) was approved by Regional Council in June 2015. Within the Framework, $9 million has been notionally allocated to increase the supply of supportive housing units in Peel. A Request for an Expression of Interest, originally scheduled for release in the 4th quarter of 2016 was delayed to early
2017 to better align with the anticipated provincial announcement of funding for supportive housing. The responses from the Request for the Expression of Interest will inform the next steps to the Request for Proposal (RFP). Staff will seek Regional Council's approval to award the RFP.

Staff will engage the Local Health Integration Networks and the Ministries of Housing and Community and Social Services to ensure that operational funding is available to provide the necessary supports that would need to accompany any potential increases to supportive housing supply.

b) Provincial Government

The Ministry of Housing (MOH, formerly MMAH) released an update to the Long-Term Affordable Housing Strategy (LTAHS), in March 2016. The strategy committed to long-term transformation of the supportive housing system, to ensure improved access to appropriate housing and support services. The province is committing new operating and capital funding to support LTAHS Update initiatives including providing more than $100 million in funding across Ontario over the next three years. MOH circulated a draft Supportive Housing Policy Framework and completed community consultations in August 2016. Once a framework is finalized Regional staff will review this with the Roundtable and identify potential opportunities. When Peel's funding allocation has been announced, Regional Council will be updated in a future Housing System Investment Framework Report.

c) Local Health Integration Networks (LHINs)

A Provincial-LHIN supportive housing working group has been formed representing the needs of all 14 LHIN's across the province. The focus of this group is to inform, align, and advance local and provincial efforts to ensure flexible supportive housing. LHIN staff has advised they will flow information between the Region of Peel and this working group, giving our action plan input to this table.

FINANCIAL IMPLICATIONS

The Housing System Investment Framework approved by Regional Council includes a notional allocation of $9 million through the provincial Investment in Affordable Housing (IAH) allocation for supportive housing. Should additional funding be available through the Provincial government staff will update Regional Council.
CONCLUSION

To achieve the outcomes established in Peel’s 10-Year Housing and Homelessness Plan and recommendations resulting from the Region’s Aging Population Steering Committee, attention must be given to the recommendations in the Supportive Housing Demand and Supply Analysis and Action Plan. This situation can only be addressed if all orders of government work collaboratively to ensure that system plans are aligned and focused on the needs of the community.

Janice Sheehy, Commissioner of Human Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

Appendix I - Supportive Housing Demand and Supply Analysis and Action Plan Report
Appendix II - Supportive Housing Roundtable Members

For further information regarding this report, please contact Juliet Jackson, Director Strategic Partnerships & Systems Management, extension 6741, juliet.jackson@peelregion.ca.

Authored By: Wendy Priddle, Specialist, Design and Development
Tracy Galvao, Specialist, Design and Development

Reviewed in workflow by:
Financial Support Unit
The overall goal of the study is to prepare a demand and supply analysis of supportive housing in Peel Region, as well as an action plan for addressing identified needs and gaps, to support the objectives of the Peel Housing and Homelessness Plan.

**Goal**

**Guiding Principles**

The study reflects the six principles of Peel’s Housing and Homelessness Plan.

- **People-centered**
- **Sustainable**
- **Innovative**
- **Partnership-based**
- **Transparent**
- **Accountable**

**Methodology**

The study incorporates the findings from three major phases of work:

- **Consultation Activities** including stakeholder workshops, a housing provider and support service agency survey, focus groups with persons requiring supportive housing, and additional information-gathering from key informants.

- **Demand and Supply Analysis** involving a literature review, best practice review, identification of the range of population groups, data-gathering, identification of barriers to accessing supportive housing, and an assessment tool.

- **Action Plan** co-created with a broad range of stakeholders in the supportive housing system, the Advisory Committee, and Region of Peel staff. About 120 participants contributed to the creation of the Action Plan representing more than 50 agencies and governments.

**Approach**

**Definition of Supportive Housing**

The study’s Advisory Committee collaboratively developed a definition of supportive housing for the Region of Peel Supportive Housing Action Plan, as:

Supportive housing is affordable and accessible residential accommodation within an environment that provides individual based supports and services to persons who require them to live independently. Individual based supports and services can include assistance with activities of daily living, assistance with medical care, and other community based supports.

**Demand and Supply Analysis**

The following table provides an overview of the demand and supply of supportive housing by population group.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Demand</th>
<th>Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disabilities</td>
<td>99 applicants on wait list</td>
<td>300 units</td>
</tr>
<tr>
<td>Acquired Brain Injury</td>
<td>45 applicants on wait list</td>
<td>18 units</td>
</tr>
<tr>
<td>Intellectual Disabilities</td>
<td>716 applicants on wait list</td>
<td>290 units</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td></td>
<td>22 units</td>
</tr>
<tr>
<td>Frail Health</td>
<td>443 applicants on wait list</td>
<td>736 units</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>1,093 persons on the wait list</td>
<td>252 units</td>
</tr>
<tr>
<td>Substance Abuse/Addictions</td>
<td></td>
<td>27+ units</td>
</tr>
<tr>
<td>Dual Diagnosis, Concurrent Disorders, and Co-Morbidities</td>
<td>(covered in other population group categories)</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>2,396</strong></td>
<td><strong>1,645</strong></td>
</tr>
</tbody>
</table>
The Need and Issues

The problem is clear: there is a tremendous need for more supportive housing in Peel Region. However, the supportive housing system is complex and funding to acquire new units and to provide additional support services is limited. The research shows that supportive housing needs are diverse and dependent on a range of individual circumstances. The issues facing people requiring supportive housing fall into three main themes:

**Supply-Demand Gap**
- Wait times for supportive housing are long and expected to grow.
- The long wait times for supportive housing can lead to crises, worsened health, and more difficulties securing housing.
- There is demonstrated demand for a range of supportive housing choices that meet the specific needs across a person’s life cycle.
- There is a lack of funding available for both the development and operation of supportive housing.

**Access Experience**
- Accessing supportive housing is often a difficult process.
- Transitions from one type of housing to another are often disjointed.
- Families and informal caregivers lack support.

**System Integration**
- Social housing providers struggle to meet the needs of both vulnerable tenants and others.
- Persons requiring supportive housing and agencies operating within the supportive housing system struggle to navigate the system’s complexity.
- There is a need to strengthen support networks and advocacy groups for persons requiring supportive housing.
- NIMBY-ism towards supportive housing developments can act as a barrier to developing new units in a broader range of communities.

Action Plan

The Action Plan includes 3 Objectives, 6 Outcomes, and 30 Actions.

The Region of Peel cannot tackle this ambitious Action Plan alone. Successful implementation requires the collective efforts of key stakeholders including: all levels of government involved in housing, health, and community services; non-profit and private agencies, organizations, and community-based groups providing support services, supportive housing, and affordable housing; and the private sector.

As part of the implementation phase of this Action Plan, roles and responsibilities will be established.
Supportive Housing Roundtable Members

Ed Castro, Mississauga-Halton Local Health Integration Network
Stella Danos-Papaconstantinou, Peel Health, Region of Peel
Michelina Longo, Ministry of Community Social Services
Suzanne Robinson, Central-West Local Health Integration Network
Ian Russell, Ministry of Housing
Sue Ritchie, Human Services, Region of Peel - Chair
DATE: January 10, 2017

REPORT TITLE: SENIORS HEALTH AND WELLNESS VILLAGE AT PEEL MANOR - PROJECT UPDATE

FROM: Nancy Polsinelli, Commissioner of Health Services

RECOMMENDATION

That the policy recommendations outlined in section 2 of the report of the Commissioner of Health Services titled “Seniors Health and Wellness Village at Peel Manor – Project Update”, be approved in principle;

And further, that Council advocate to the Province to obtain funding through the Ministry’s Enhanced Long Term Care (LTC) Home Renewal Strategy to support the redevelopment of the Seniors Health and Wellness Village at Peel Manor.

REPORT HIGHLIGHTS

- In June 2014, Regional Council approved a conceptual plan for rebuilding the Peel Manor Long Term Care centre, as a “service hub” for the community informed by the Aging Population Steering Committee recommendations.
- Before moving forward with the design and development of the Seniors Health and Wellness Village service hub, staff require endorsement in principle of two policy recommendations outlined in section two of this report.
- Access to funding through the Ministry’s Enhanced LTC Home Renewal Strategy would offset projects costs for the redevelopment of the Seniors Health and Wellness Village at Peel Manor.
- Based on adoption of the policy recommendations and funding advocacy efforts, staff will prepare updated budget and financing plan to inform Council decision making prior to proceeding with the Design Build Request for Proposal/Tender issuance.

DISCUSSION

1. Background

Peel Manor is one of five long term care (LTC) centres operated by the Region of Peel. The LTC centre occupies almost half of a 24-acre parcel of land in central Brampton and offers 177 long term care beds and space for 25 Adult Day Service (ADS) clients. The remaining land on the Peel Manor site, see Appendix I, is home to a variety of community-based programs, services and amenities.
In September 2013, following an assessment that found the building to be at the end of its useful life, Regional Council directed staff to work with the Central West Local Health Integration Network (LHIN), the City of Brampton and other partners to develop a strategic approach and conceptual plan for the Peel Manor site through a staff report, titled “Peel Manor Building Envelope Study Results”. Regional Council on June 26, 2014 through a report titled “Final Report of the Region of Peel’s Aging Population Term of Council Priority Steering Committee: Recommendations to Regional Council” further directed that this work be informed by the recommendations of the Aging Population Term of Council Priority Steering Committee. This includes:

- Uphold the Region’s commitment to maintain its investment and role in long term care.
- Maximize the use of long term care centres to serve as community hubs.
- Explore partnerships with non-profit, private, and public organizations to develop community hubs.
- Deliver long term care services that include a focus on specialty areas that meet the needs of seniors in Peel and fill gaps in the system not met by private or non-profit providers.
- Enhancement and expansion of existing community support services to serve a broader seniors population.
- Explore the opportunity to deliver support services in innovative ways and in different locations in the community.

At the same meeting, Regional Council approved recommendations outlined in a report, titled “Peel Manor Site Conceptual Plan” to rebuild the Peel Manor LTC centre, as a “service hub” for the community, including the 177 long term care home with specialized services, an expanded and enhanced Adult Day program, and co-located community partners providing outreach health services for our seniors.

a. Project Update

In June 2015, Regional Council received an update report titled “Peel Manor Redevelopment and Hub Update” which included an update on project progress, information about the future hub, and the overall site plan. Since this time staff have undertaken a number of activities to advance the development of the conceptual model. These include:

- Identified a service catchment area that will be served by the hub. Approximately 35,000 seniors currently live in the catchment area, which includes most of Brampton west of Highway 410.
- Engaged key stakeholders and local residents to inform the services the community feels should be included in the hub. Some services suggested include a doctor’s office, space for agencies, therapists, and social activities.
- Completed a feasibility study, including environmental assessments that supported the submission of a master site planning and rezoning application to the City of Brampton in June 2016.
- Participated in the City of Brampton public meeting in November 2016, which informs the Planning recommendation report to Brampton City Council, currently targeted for March 2017.
• Completed traffic and parking studies to understand the value of surface, underground, and mixed parking solutions.
• Continued to seek capital funding opportunities through the LHIN and various Provincial Ministries.
• Received endorsement of the project from the Central West LHIN, which is responsible for the funding and integration of health services in the community (see Appendix II for a copy of the endorsement letter).
• Furthered the development of a local Program of All-Inclusive Care for the Elderly (PACE) model including engagement with community partners and both LHINs. This model provides integrated support services to seniors allowing them to live safely in their own homes.
• Furthered the development of a comprehensive functional program that will inform design and construction of the future site.

In addition, staff continue to engage in discussions with the City of Brampton regarding the exchange of lands that is required to facilitate the redevelopment process. Brampton City Council approved the exchange “in principle” in September 2015, with the condition that the future size and functionality of the Murray Street and Gatesgill Parks not be compromised. Staff will continue to work together to define mutually acceptable terms and conditions. Once documented in a formal Land Exchange Agreement, staff will bring a report to Council recommending that the appropriate lands be declared surplus, and that the land exchange be approved.

2. Findings

Before moving forward with the design and development of the Seniors Health and Wellness Village, staff requires endorsement in principle for two policy recommendations outlined below.

a. Design and Accommodation Principles

Research suggests built environments designed with LTC residents’ needs and abilities in mind can help to reduce physical barriers, improve functionality, and improve overall quality of life. Particularly for residents living with dementia, dementia-friendly design of a long term care home has been evidenced to minimize triggers related to confusion or space perception that can often lead to agitated or aggressive behaviors.

As outlined in the report titled “Responding to the Changing Needs of Peel Long Term Care Residents” on September 22, 2016 to Regional Council, Peel LTC resident needs have increased in complexity over the past five years, especially with regards to dementia. The redevelopment of Peel Manor will provide a physical and social environment that will enable residents with complex physical and cognitive health needs to age well in a safe and secure environment. These sustainable physical design principles include:

• secure indoor walking loops to accommodate natural behaviors of wandering for residents with dementia;
• optimal sight lines across all floors to enhance resident safety;
• eight foot wide hallways to allow for space perception;
• larger resident rooms to support palliative, bariatric and dementia care;
all rooms with separate entrances to promote a home-like environment; and
small resident home areas aligned with a nationally-recognized dementia care model.

In addition to these design principles, an appropriate mix of room types to accommodate residents' needs is necessary. The Ministry of Health and Long Term Care allows for three different types of resident accommodation: basic, semi-private and private. The rates for accommodation are set by the Ministry with semi-private and private rooms considered “preferred” options costing a higher premium. The Ministry allows a maximum of 60 per cent of accommodations in a LTC home to be preferred in order for operators to maximize revenue.

As part of the Region’s commitment to fill gaps in the system not met by other providers, staff do not recommend the maximum ratio of preferred beds (current level 40 per cent). 2011 Census data shows a declining ability to pay in the senior’s population in Peel. Therefore, staff will continue to study the appropriate bed mix to determine the most appropriate design at Peel Manor, taking into account our clients, the financial implications, and the role that Peel Manor will fulfill in Long Term Care.

The full review of the operational and capital impacts from the design and accommodation recommendations will be studied as part of the design RFP. If any of the design recommendations result in potential financial impacts on the tax base, these will be brought to Council for approval before proceeding with building.

Recommendation 1 – That building design and built form align with supportive physical design principles that will support the needs of all residents, including those with dementia. And, that staff continue to review the bed mix to ensure we can provide appropriate accommodation for seniors with low to moderate incomes.

b. Maximize Use of Available Land

Regional Council, as System Manager for Housing, leads the implementation of Peel’s 10 Year Housing and Homelessness Plan. As outlined in the report entitled “Supportive Housing Demand and Supply Analysis and Action Plan”, on today’s Health System Integration Committee agenda, there is a strong focus on the need for housing with supports. The Region’s Supportive Housing Roundtable includes representation from the LHINs and the provincial ministries. The roundtable will work to align capital and operating funding to most effectively meet the needs of the community, and as such will consider opportunities for the development of supportive housing that may be available at the Seniors Health and Wellness Village site.

To support the strategy noted above, available land is required. As part of the master site planning for the Seniors Health and Wellness Village, part of the land will be returned to the City of Brampton as park land, with approximately two acres remaining which lends itself to new opportunities for future supportive housing. In assessing the parking needs for the future Seniors Health and Wellness Village and the site as a whole, adequate parking is required to accommodate all future users of the site. This includes future residents, family members, caregivers, staff, volunteers, hub users, and other visitors from the community.
Traffic and parking studies have been conducted and analysis has been undertaken to understand the value of surface, underground, and mixed parking solutions. While more expensive, the recommendation is to have a majority of underground parking with direct access to the building.

This recommendation is in line with the following:

- The Term of Council Priority to promote healthy and age-friendly built environments.
- The City of Brampton’s Age Friendly strategy.
- Reduction in risk to pedestrians through adequate separation between vehicles and pedestrians and increased pedestrian pathways on the site.
- Increased available parking for the entire site and potential to recover some costs through parking solutions.
- Enhances opportunities for age-friendly outdoor spaces including the redevelopment of Murray Street Park to enhance the health and wellness of the entire community.

Recommendation 2 – Maximize land for future supportive housing development on the site including use of underground parking to free up the land and provide the most effective parking solution.

3. MOHLTC’s Enhanced Long Term Care (LTC) Home Renewal Strategy

In 2007, the Ministry of Health and Long Term Care announced sector funding to support the redevelopment of approximately 35,000 eligible LTC beds through its Long-Term Care (LTC) Home Renewal Strategy. At that time, the redevelopment of Peel Manor was not being considered. Planning for the redevelopment of Peel Manor was initiated in 2013 and Council received preliminary construction estimates in June 2014.

In late 2014 and into early 2015, the Ministry made some key changes to its strategy, including revisions to the design standards and increases to construction funding subsidies available to encourage more redevelopment projects for eligible LTC centres. This Enhanced Renewal Strategy is designed to help fund costly infrastructure expenses needed to better accommodate residents of LTC homes with increasingly complex health care needs.

To date, staff have not been able to obtain agreement from the Province to find Peel Manor redevelopment eligible for inclusion in their Renewal Strategy; therefore Council advocacy support is requested to access the funding. If found eligible, the Seniors Health and Wellness Village at Peel Manor could be eligible for up to $30 million in funding. Access to these funds would offset projects costs for the redevelopment of the Seniors Health and Wellness Village at Peel Manor.
FINANCIAL IMPLICATIONS

As planning for the Seniors Health and Wellness Village at Peel Manor evolves better financial insights become available to inform Council decision making. The policy recommendations outlined in this report have implications for capital and operating budgets.

1. Project Related Costs

Preliminary construction estimates were provided to Regional Council in June of 2014. The original estimate to redevelop Peel Manor was $73.1 million. Updated for inflation the 2017 estimate is $81.0 million. Depending on project completion timelines additional inflationary costs will be incurred.

To date, Council approved capital budgets totaling $8.8 million to initiate more detailed planning and design including considerations for a complete seniors’ community hub. The ten year capital plan includes an additional marker of $72.2 million in 2018 bringing total Peel Manor redevelopment project costs to $81.0 million. These costs do not include other investments required to bring the Seniors Health and Wellness Village to life.

As noted in this report, to support a complete hub model, additional investments are required including: up to $4 million for reconstruction of the park and to manage site conditions and up to $14 million for underground parking. Costs for additional hub services (e.g. Supportive Housing) at the site are not under consideration at this time.

Adopting design and accommodation principles outlined in the report above may add between $2 and $10 million to the construction costs. Refined financial impacts of the design on related capital and operating costs (staffing and building operations) will be brought to Council in second quarter of 2017.

2. Project Financing

Financing the Seniors Health and Wellness Village at Peel Manor will require funds beyond available Long Term Care Capital and DC reserve funds including: Capital Redevelopment reserves raised through Peel’s tax supported infrastructure levy as well as tax supported stabilization reserves. Provincial and or LHIN funding is required to minimize the impact on Peel’s financial flexibility and improve the viability of this community investment.

Based on adoption of the policy considerations outlined in this report and funding advocacy efforts, staff will prepare updated budget estimates and financing plan to inform Council decision making prior to proceeding with the Design Build Request for Proposal/Tender issuance.
CONCLUSION

The Seniors Health and Wellness Village project has completed significant work to date to progress the concept plan. This has been done in conjunction with key community partners, the Central West LHIN, and the broader Peel community. This project will support seniors to “age in place” – in their own homes and in their own communities.

Nancy Polsinelli, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES
Appendix I - Current Peel Manor Site
Appendix II - CW LHIN Endorsement Letter

For further information regarding this report, please contact Stella Danos-Papaconstantinou, Director, extension 2647, stella.danos-papaconstantinou@peelregion.ca.

Authored By: Tracy Coffin, Program Manager

Financial Support Unit: Mark Critch, Manager, Financial Support Unit, Health Services
The Current Peel Manor site includes Peel Living seniors’ apartments (Manorbridge), supportive housing (Nance Horwood Place), Peel Living family townhouses, an emergency shelter for women and children (Family Life Resource Centre), a fully accessible home for 12 residents with physical disabilities (Cheshire Homes), a large neighbourhood park, and a small parcel of undeveloped land.
December 7, 2016

Chair Frank Dale
Region of Peel
10 Peel Centre Drive, 5th Floor
Brampton, ON
L6T 4B9

Dear Chair Dale:

Re: Endorsement for the Redevelopment of Peel Manor Long Term Care Home

The Central West LHIN is pleased to provide support and endorsement for the redevelopment of the Peel Manor Long Term Care Home and development of a community hub.

Following a presentation from Janette Smith and Stella Danos-Papaconstantinou at our October Board of Directors meeting and a robust discussion, it is evident to the LHIN that in-depth research and planning has gone into the concept design for the redevelopment of Peel Manor. With a focus on serving the surrounding community and expanding services offered such as additional Adult Day Program spots, the LHIN supports this plan. It will be exciting to see so many services being brought together and offered in a community hub model. This aligns with several strategic directions, initiatives and/or actions outlined in the Central West LHIN’s Integrated Health Service Plan (IHSP 2016-2019).

The Central West LHIN is fortunate to work with a highly motivated and engaged group of partners like the Region of Peel; partners that place patients/residents first by meeting the complex health care needs of a rapidly growing, aging and culturally diverse population - like that of the Central West LHIN – through smart, local planning.

Sincerely,

_________________________ _____________________________
Scott McLeod Maria Britto
Chief Executive Officer Board Chair
Central West LHIN Central West LHIN
Seniors Health and Wellness
Village at Peel Manor
Project

Stella Danos-Papaconstantinou,
Director – Seniors Services Development

Helping to keep seniors in the community longer
Current Peel Manor Site

- Cheshire Homes
- Manorbridge
- Neighbourhood Park
- Peel Living Family Townhouses
- Peel Manor LTC and Adult Day Service
- Salvation Army
- Nance Horwood

Seniors Health and Wellness Village at Peel Manor
Older Persons Service Continuum

Active and well
- Sports
- Recreation
- Self-management
- Health checks
- Volunteerism
- Health promotion & prevention
- Lifestyle modification

Starting to slow down
- Falls prevention
- Meds management
- Social clubs
- Disease management
- Community resource awareness
- Volunteerism

Some supports needed for daily functioning
- Assistive Devices
- Foot Care
- Physiotherapy
- Meals on Wheels
- Social programs
- Help at home
- Volunteerism

Support and care to stay at home
- Supportive housing
- Personal care workers
- Adult Day Program
- Overnight respite care
- Caregiver education

Total care needed
- Long term care
- Nursing services
- End of life
- Specialized care

INDEPENDENT LIVING

SUPPORTIVE HOUSING

DEPENDENCE
Fred and Mary
Model for the Future

- Neighbourhood Parks
- Seniors Health & Wellness Village
- Manorbridge
- Future Housing
- Nance Horwood
Next Steps

• Completion of land exchange and planning process.
• Policy recommendations to be actioned
• Advocate to the Province to obtain funding through the Ministry’s Enhanced Renewal Strategy.
DATE: January 10, 2017

REPORT TITLE: COMMUNITY SUPPORT SERVICES FUNDING

FROM: Nancy Polsinelli, Commissioner of Health Services

RECOMMENDATION

That the Region of Peel convert the temporary 13.0 FTE to permanent in 2017 to provide the enhanced and expanded Adult Day Services.

And further, that Peel continues to advocate to address historical funding inequities in the home and community care sector.

REPORT HIGHLIGHTS

- The Central West Local Health Integration Network allocated Enhanced Adult Day Services funding of $1,417,716 for the Region of Peel to permanently provide enhanced and expanded services at four Peel Adult Day Services. The funding was confirmed following the finalization of the 2017 budget.
- The conversion of 13 temporary to permanent FTE will support the provision and delivery of enhanced and expanded services for older adults living in the community to “age in place” as well as assist in reducing caregiver distress.
- Staff will continue to advocate for inflationary costs to be included in Central West Local Health Integration Network funding.

DISCUSSION

1. Background

   In 2012, Peel was one of three health service providers that received temporary funding from the Central West Local Health Integration Network (LHIN) to operate enhanced and expanded programs to mitigate the impact of the temporary loss of services during the redevelopment of an older Long Term Care centre (LTC) operated by the City of Toronto. The temporary enhanced Adult Day Services funding was directed to provide community support services to enable older adults to “age in place” and reduce pressure on home and community care, hospitals, and LTC for the duration of the redevelopment.
The enhanced and expanded services include:

- New Adult Day Services at Tall Pines LTC.
- Equipment and supplies to support provision of care for clients with higher and more complex care needs.
- Additional client spaces at Peel Manor, Vera M. Davis and Malton Village.
- Expanded hours, including weekend service at Peel Manor, Vera M. Davis and Malton Village.
- Enhanced personal care services such as bathing.
- Access to therapeutic services such as occupational therapy, physiotherapy and a Registered Dietitian.
- Access to health and wellness activities provided by Registered Nursing staff.
- Increase available spaces by 5,280 annually.
- Serve an additional 75 clients annually.

The temporary allocation of funding was initially granted by the Ministry of Health and Long-Term Care until December 31, 2015. Subsequent extensions were granted until August 31, 2016.

The following reports related to the temporary funding have previously been brought to Council:

a) December 13, 2012 – Recommendation 2012-1383 – Approval of Temporary Funding
b) July 9, 2015 – Information Report – Discontinuation of Funding and Subsequent “Ramp-Down” Plan
d) March 31, 2016 – Proposed Allocation of Temporary Funding for Community Support Services

The Central West LHIN received $1,675,900 for new base funding in the 2016/17 fiscal year to support investments in the community sector. The Central West LHIN allocated $1,417,716 of this funding for the Region of Peel to permanently provide the enhanced and expanded services at the four Peel Adult Day Services. As highlighted in the Health Services budget presentation, this funding was confirmed following the development of the 2017 budget.

The enhanced and expanded services are consistent with Council’s Aging Population Steering Committee Recommendation #14: Enhance and expand the Region’s existing Community Support Services for seniors, subject to the availability of provincial funding.

a) Peel Adult Day Services

The Region of Peel operates five Adult Day Services within Peel’s LTC Centres. Four of these Adult Day Services are operated in the Central West LHIN and provide an average of 85 spaces per day or 77% of the spaces within the Central West LHIN.

Peel’s Adult Day Services support informal caregivers who enable older adults to remain in their community. The program offers a variety of social, recreational, therapeutic, and
health and wellness activities for older adults living in the community who are functionally frail, physically disabled, and/or those with dementia or other progressive cognitive disorders. These older adults are waiting or ready for LTC and utilize more than one home and community care support.

2. Findings

The conversion of 13 temporary to permanent FTE will support the provision and delivery of enhanced and expanded services for older adults living in the community. This allows older adults to maintain and/or improve their functional abilities so they can “age in place” as well as assists in reducing caregiver distress. The care provided is done in collaboration with primary care providers and other health service providers to support the health and well-being of older adults and their informal caregivers.

With the provision of enhanced and expanded adult day services, the following outcomes have been achieved:

- Prevention and/or delayed admissions to LTC and hospitals;
- Reduction in unnecessary Emergency Department (ED) visits;
- Provision of care and support for older adults living in the community with higher and more complex care needs;
- Provision of support to informal caregivers in managing higher care needs at home,
- Reduced utilization of hospital EDs and acute care beds;
- Promotion of self-care for clients and informal caregivers;
- Monitoring of clients for early identification and prevention of changes in health;
- Support in managing clients health;
- Increase of services in one location to support one stop access to health services, knowledge, care and support; and
- An integrated interdisciplinary service delivery model.

This permanent allocation of FTE allows the Adult Day Services to utilize all resources to enhance programs and services for all clients who attend the program. The Adult Day Services waitlist fluctuates between 20 and 150 clients which results in a wait of anywhere between four weeks and 12 months to start the program.

With this funding for a permanent adult day program at Tall Pines and enhanced services at the three other sites, Peel’s Adult Day Services can better meet the changing needs of clients and informal caregivers, supporting them to age in place.

FINANCIAL IMPLICATIONS

For 2017, the funding related to the enhanced Adult Day Services has shifted from temporary to permanent. Permanent funding in the amount of $1,417,717 has been provided by the Central West LHIN with no net impact to the 2017 Regional budget.

As with many provincial programs the costs are shared and the funding is fixed with no inflationary increases. The 2017 Region of Peel contribution to the full Adult Day Services is 29 per cent. Advocacy efforts will continue with the Central West LHIN for adequate funding of these services.
CONCLUSION

The Central West LHINs new base funding supports the continued provision of enhanced and expanded services for clients with higher and more complex care needs. This will enable them to “age in place” as well as allow us to continue our support of caregivers.

Nancy Polsinelli, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

For further information regarding this report, please contact Stella Danos-Papaconstantinou, Director, extension 2647, stella.danos-papaconstantinou@peelregion.ca.

Authored By: Alison Howard, Manager, Community Support Services

Financial Support Unit: Mark Critch, Manager, Financial Support Unit, Health Services
ADDITIONAL MATERIALS
DISTRIBUTED AT MEETING
Home & Community Care: Challenges & Opportunities

Peel Region Health System Integration Council

Caroline Brereton, CEO, Mississauga Halton CCAC
Robert Varga, VP, Corporate Services, Central West CCAC
CCACs Supporting Peel Region

- CCACs provide home care and access to community care
- 14 CCACs across the province, aligning with and funded by Local Health Integration Networks (LHINs)
- Strive to create a seamless experience for patients across continuum of care
CCAC Services

- Supporting patients leaving the hospital
- Supporting high needs patients at home
- Information and referral to community services
- Connections with family doctors & nurse practitioners
- Facilitating long-term care process
- Supporting patients who wish to die at home
- Supporting children through special programs
### By the Numbers

<table>
<thead>
<tr>
<th>Central West CCAC</th>
<th>Mississauga Halton CCAC</th>
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<tr>
<td><strong>40,000</strong> patients</td>
<td><strong>48,000</strong> patients</td>
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<tr>
<td><strong>230,000 +</strong> in-home nursing visits</td>
<td><strong>16,421</strong> patients per month</td>
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<tr>
<td><strong>1,20,000+</strong> PSW hours</td>
<td><strong>2,480,593</strong> total visits to patients** **</td>
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<td><strong>68,000 visits from other providers</strong>*</td>
<td><strong>345,211 visits to palliative patients</strong> **</td>
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*Includes physiotherapists, occupational therapists and speech language pathologists

**Includes nurses, personal support workers, physiotherapists, occupational therapists and speech language pathologists
Current Context: Patients First

Patients First legislation

- Drives government’s health care transformation agenda
- Expands role of Local Health Information Networks
  - Responsibility for home and community care
  - Manage and monitor primary care providers
  - Increases some controls over health service providers including hospitals
- Significantly changes multiple pieces of Legislation
Current Context: Central West CCAC

Population growth

- Central West is experiencing unprecedented growth, with further projected growth of 23% or 1.03 million people by 2021
- The population in Central West is projected to experience unprecedented growth of its senior’s population – 52% by 2022, compared to 43% for the rest of the province

Sicker patients

- 36% of adults living with a chronic condition, 14% are experiencing multiple conditions
- Third highest prevalence of diabetes in the province, placing significant demand on acute care services, specialty services and clinical interventions
Current Context: Mississauga Halton CCAC

Population growth

• Milton fastest growing community in Canada, with 8% of population 65 or older

• Number of people aged 75 and older will increase 143% by 2030 - Canada’s second fastest growing seniors population

Resident profile

• Residents generally healthier and live longer than provincial average

• Lower hospitalization rates for most chronic conditions compared to Ontario, including Arthritis, Cancer, Congestive Heart Failure, COPD, Diabetes, and Stroke

• South Etobicoke has largest proportion of seniors – nearly 18% of its people are 65 years or older
  • Highest hospitalization rates in region for chronic conditions
The Central West CCAC received approximately $650 less per patient than the provincial average.

With a caseload of 40,000 patients, the Central West CCAC is under-funded by approximately $26M.
Challenges: Central West CCAC

Wait lists for services are increasing

- The wait list for PSW services in Central West has increased over 40% in the past year, and is currently over 1,200.

- As the PSW wait list has grown, so have the number of people who have high and very high acuity levels.
Sophie is an 83 year old female has a diagnoses of dementia. She has an amputation below the knee; cardiac pacemaker due to complete heart block; unspecified hypothyroidism; and peripheral vascular disease with phantom pain. She resides with her spouse who is her primary caregiver.

Her spouse reports that managing her needs has become difficult due to her increasing immobility, which is causing back pain because he wears a wrist splint.

Currently, the Sophie is not ambulatory, as she has a prosthesis for her right leg. However, she does not use it as her husband finds that the prosthesis is in the way during transfers.

The occupational therapist has determined that Sophie’s mobility has declined due to a decline in cognitive status and subsequent incoordination of steps involved during transfers.

Sophie has been on the PSW waitlist for 70 days.
Opportunities: Central West CCAC

Chief Patient Experience Officer

Joint Back Office

28% reduction in executive compensation costs

38% reduction in number of executive roles

$815,000+ estimated value of work effort, in equivalent direct salary costs, delivered to regional teams

Hospital 2 Home

Regional Pharmacy Director
Opportunities: Mississauga Halton

Care Coordination Program of Work

- Highly trained, expert care coordinators work in 26 neighbourhoods
  - Closest to patients where they live and are patient-level liaisons for other providers of care
  - Find and leverage existing community resources in neighbourhood
- 1-2 contracted service providers assigned to each neighbourhood
  - Greater continuity of care and improved patient experiences
Looking Ahead

- Continue to raise awareness of funding gaps for home & community care & impact on patients

- Continue to innovate – put patients at the centre as we move through *Patients First* transition

- Build on proven practices and expertise to improve health system for patients everywhere across Peel Region and across province
Questions?